



American Cancer Society
Cancer Action Network
675 E. Linton Avenue
Springfield, IL 62703
217.520.6259
www.acscan.org

September 19, 2012

The Health Care Reform Implementation Council

Re: Comments on Establishing Essential Health Benefits Package (EHB): What Policymakers Can Do to Ensure Access, Quality and Affordability for Cancer Patients in Illinois

Dear HCRIC:

Thank you for the opportunity to provide comments regarding Essential Health Benefits. On May 1, 2012 my organization, the American Cancer Society Cancer Action Network (ACS CAN), along with many other patient advocacy groups sent a survey to the Department of Insurance to get a better understanding on the levels of coverage available in the benchmark plan options – specific to services related to chronic diseases like cancer.

The survey included a list of 31 health plan benefits that are important in treating heart disease, diabetes, cancer, multiple sclerosis, and stroke. In addition to learning whether these benefits are covered by the benchmark plan options, we are specifically concerned about “inside limits” on services—that is, non-monetary limits on the amount or level of services a patient may utilize. Unfortunately we did not receive that survey completed and, as you know, it is extremely difficult for interested consumers to identify these types of limitations based on information that is publicly available to them.

The comparison of benchmark options provided is helpful, but further clarification is needed to truly understand coverage for some specific services. For example, under colorectal cancer screening and mammography screening, it appears all of the benchmark options provide coverage without limits, but do the plans provide coverage for high risk individuals? And under prescription drug coverage, it appears all plan options provide coverage, but do the plans provide coverage for specialty drugs (injectables, biologics) and off-label use coverage?

We are also concerned when/if the term “medically necessary” is used when applied to benefits and services important to cancer patients. If the benchmark plan ultimately chosen in Illinois subjects benefits to a determination of medical necessity before coverage is provided, will other insurers selling plans in the exchange have to apply a medical necessity determination to the same benefits?

Contributions or gifts to the American Cancer Society Cancer Action Network, Inc. are not tax-deductible because we use your donations to support our citizen-based advocacy and lobbying efforts to end cancer.

Will there be a generic medical necessity determination process that all plans have to follow? Will transparency rules be developed to ensure consumers know the process by which their benefits are being approved or denied based on medical necessity determinations by the insurer? And how will plans be regulated to prevent abusive use medical necessity determinations to deny coverage for EHB's?

The development of the essential health benefits package is critical to the success of health care reform. In order for cancer patients and their families to experience real changes in their ability to access health care that meets their needs, it is vital that the services offered in the benchmark plan provide the most comprehensive coverage available without inside limits.

Thank you.
Sincerely,

Heather Eagleton
Director of Public Policy and Government Relations
American Cancer Society Cancer Action Network

Contributions or gifts to the American Cancer Society Cancer Action Network, Inc. are not tax-deductible because we use your donations to support our citizen-based advocacy and lobbying efforts to end cancer.